

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/903,973
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		Confirmation Number 9505
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<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number 164052.02
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (11 pages) <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A <input type="checkbox"/> Response to Notice to File Missing Parts <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 		
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		
SIGNATURE OF ATTORNEY OR AGENT		
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